

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece; or on the front if space permits.

Article Addressed to:

Mr. Michael Fisher
5th Floor Strawberry St.
Harrisburg, Pa 17120

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

Signature: *Thomas P. Raining*
X ☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Copy from service label)

000520002301664835

1-CV-01-1048 J. Cardwell
S. Conde 8/23/01

Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Article Addressed to:

Mr. Francis Filippi
Dept. Atty Gen
5th Floor Strawberry St.
Harrisburg Pa 17120

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Copy from service label)

000520002301647944

1-CV-01-1048 J. Cardwell
S. Conde 8/23/01

Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

John McLellough
SCI Houtzdale
P.O. Box 1008
Houtzdale, Pa 16698

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Copy from service label)

000520002301664845

1-CV-01-1048 J. Cardwell
S. Conde 8/23/01

Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Audie A. L. Shields
1st Atty - Schuyler G.
01 N. 2nd St
3rdville Pa 17901

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Copy from service label)

000520002301664845

1-CV-01-1048 J. Cardwell
S. Conde 8/23/01

Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

8 pm
9/6/01

FILED
HARRISBURG

SEP 05 2001

MARY E. D'ANDREA, CLERK
Per. *gfs*
DEPUTY CLERK

1-CV-01-1048
Show Cause
order
8/23/01